

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005929

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 55

FILED MAR 11 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
Length of stay in 1b. <u>48 yrs.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If inside, give location) <u>1420 E. Eighth St.</u>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Gillum</u> Last <u>Gillum</u>		4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/21/1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11a. FATHER'S NAME <u>William Jackson</u>		11b. MOTHER'S MAIDEN NAME <u>Isabelle McIntosh</u>	
12a. NAME OF HUSBAND OR WIFE <u>Willard L. Gillum</u>		13. AGE (last birthday) <u>74</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>60 Mrs. Maurice Kumsick, Washington, Mo.</u>	
16. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis, Heart Disease</u> DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) <u>cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cardiac decompensation</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:35</u> a.m. <u>A.</u> Month, Day, Year <u>3-4-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Washington, Mo.</u> COUNTY <u>Franklin</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>2-17-63</u> to <u>3-4-63</u> and last saw her/him alive on <u>3-3-63</u> Death occurred at <u>3:35 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. S. Schumacher MD</u> (Degree or title)		22b. ADDRESS <u>2nd & Elm St.</u>	
22c. DATE SIGNED <u>3-5-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 6, 1963</u>	
23c. LOCATION (City, town, or county) <u>Washington, Missouri</u>		23d. DATE RECD. BY LOCAL REG. <u>3/6/63</u>	
23e. FUNERAL DIRECTOR <u>Hebert & Co., Inc., Washington, Mo.</u>		23f. REGISTRAR'S SIGNATURE <u>Leola C. Gudmann</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed

Lester A. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.